



PTO/SB/81 (01-06)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	21 April 2006
First Named Inventor	Angeline Ingrid BARTHOLOMEUSZ
Title	HBV variants detection.....
Art Unit	
Examiner Name	
Attorney Docket Number	19781

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

00272

OR

 Practitioner(s) named below

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

MELBOURNE HEALTH

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Angeline Watt</i>	Date	3/11/07/2006
Name	ANGELINE WATT	Telephone	(239)342-8531
Title and Company	ACTING DIRECTOR OF RESEARCH, MELBOURNE HEALTH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> Total of five	forms are submitted.
---------------------------------------------------	----------------------

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**AUSTIN HEALTH**

SIGNATURE of Applicant or Assignee of Record

Signature	<i>BRIAN G. BRENTON, M.D., M.S.</i>	Date	5/10/06
Name	<i>BRENTON, M.D., M.S.</i>	Telephone	9486530300
Title and Company	<i>CEO AUSTIN HEALTH</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/89 (01-06)

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Attorney Docket Number	19781

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Address			
City	State	Zip	
Country			
Telephone	Email		

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Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/96)**BAYSIDE HEALTH****SIGNATURE of Applicant or Assignee of Record**

Signature	<i>J. Williams</i>	Date	3/10/06
Name	Jeanne Williams	Telephone	92762000
Title and Company	Chief Executive, Bayside Health		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR

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Address

City

Country

Telephone

State

Zip

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SOUTHERN HEALTH****SIGNATURE of Applicant or Assignee of Record**

Signature	<i>[Signature]</i>	Date	31 OCT 2006
Name	<i>[Name]</i>	Telephone	(413) 939-4274
Title and Company	Corporate Counsel, Southern Health		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of five forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	21 April 2006
First Named Inventor	Angeline Ingrid BAR THOLEMEUSZ
Title	HBV variants detection.....
Art Unit	
Examiner Name	
Attorney Docket Number	19781

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I hereby appoint:

 Practitioners associated with the Customer Number:

00272

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Name	Registration Number

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)ST. VINCENT'S HOSPITAL (MELBOURNE) LTD. SIGNATURE of Applicant or Assignee of Record  
trading as ST. VINCENT'S HOSPITAL MELBOURNE

Signature	<i>Nicole Feely</i>	Date	3/11/06
Name	NICOLE FEELY	Telephone	9788 3838
Title and Company	(CHIEF EXECUTIVE OFFICER) ST VINCENT'S HOSPITAL MELBOURNE LIMITED		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of five forms are submitted.

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PTO/SB/96 (12-05)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et alApplication No./Patent No./Control No.: \_\_\_\_\_ Filed/Issue Date: 21 April 2006Entitled: HBV variants detection and application

MELBOURNT HEALTH, a \_\_\_\_\_  
(Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or a true copy of the original assignment is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

DR ANGELA WAIT 3/10/2006  
Signature Date

Printed or Typed Name

Telephone Number

ACTING DIRECTOR OF RESEARCH  
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: \_\_\_\_\_ Filed/Issue Date: 21 April 2006

Entitled: HBV variants detection and application

AUSTIN HEALTH

(Name of Assignee) \_\_\_\_\_, a \_\_\_\_\_ (Type of Assignee: corporation, partnership, university, government agency, etc.)  
states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest  
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2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08.]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

B. McElroy

Signature

GREGORYAN MCELROY

Printed or Typed Name

CEO      AUSTIN HEALTH

Title

31/10/06

Date

039496 53 63

Telephone Number

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(Name of Assignee)

(Type of Assignee, corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Jennifer Williams

Printed or Typed Name

Chief Executive

Title

30/10/06

Date

(03) 9276 2000

Telephone Number

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angelina Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: \_\_\_\_\_ Filed/Issue Date: 21 April 2008

Entitled: HBV variants detection and application

SOUTHERN HEALTH, a statutory corporation  
(Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
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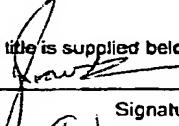
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
Signature

Printed or Typed Name

John Snowden  
Corporate Counsel

Title

31 Oct 2006  
(613) 959-42742  
Telephone Number

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### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Angeline Ingrid BARTHOLOMEUSZ et al

Application No./Patent No./Control No.: \_\_\_\_\_ Filed/Issue Date: 21 April 2006

Entitled: HBV variants detection and application

ST. VINCENTS HOSPITAL (MELBOURNE) LTD  
trading as ST. VINCENTS HOSPITAL MELBOURNE

(Name of Assignee)

a (Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or

2.  an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or a true copy of the original assignment is attached.

OR  
B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

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Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Nicole FEELEY  
Signature

NICOLE FEELEY

Printed or Typed Name

CHIEF EXECUTIVE OFFICER

Title

3115106

Date

9288 3938

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